

containing it among gays. Let us do it. Remember September 30. That is our deadline.

THE RYAN WHITE CARE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of reauthorizing the Ryan White CARE Act. Signed into law on August 18, 1990, the act was designed to improve the quality and availability of care for persons with HIV/AIDS and their families.

The Ryan White CARE Act awards critical grants to metropolitan areas with particularly high rates of HIV. These grants help pay for outpatient services including case management, home health, hospice care, housing, transportation and nutrition.

The Ryan White CARE Act also provides money to States for pharmacy support through the AIDS Drug Assistance Program. This act enables the Federal Government to assist States so they provide lifesaving antiviral drugs for people who are HIV-positive.

This legislation lets States choose how to spend the money. This act allows States to dedicate Federal dollars for home and community-based health care and pharmaceuticals. States have formed local consortia to assess communities' needs and organize regional plans for delivery of HIV/AIDS services, as well as medical care.

In addition to supporting the States and major metropolitan areas, the Ryan White CARE Act also provides funds to primary care providers.

This comprehensive law reaches local health departments, homeless shelters, community health centers, hemophilia centers and family planning centers.

Mr. Speaker, I have not heard one negative thing about the Ryan White CARE Act. Why, then, are we allowing this critical legislation to expire without doing anything about it?

Colleagues, allow me to call your attention to the five States with the highest numbers of HIV-infected individuals in the country: New York, California, Florida, Texas, and Georgia. In my own State of Texas, more than 18,000 people are infected with HIV.

HIV/AIDS disproportionately affects African-Americans.

Sixty-two thousand AIDS cases have been reported in Texas through December 2003—and that's not even counting HIV. Half a million people in this country and nearly 35,000 Texans have died of AIDS.

Mr. Speaker, on Friday, September 30, the current Ryan White CARE Act will expire. Reauthorizing legislation must be approved. Without it, States, communities and individuals will no longer be able to access the critical funds they need to prevent, diagnose and treat HIV and AIDS.

Because of its critical role in affording access to care among African-Americans living with HIV/AIDS, the Congressional Black Caucus is deeply concerned about the future of the Ryan White CARE Act.

As a nurse, I cannot emphasize enough the importance of reauthorizing the Ryan White CARE Act.

RYAN WHITE CARE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I join my colleagues today, especially the Congressional Black Caucus, as I rise to speak on a piece of legislation that is of utmost importance to me and to many in this body, and that is the Ryan White Comprehensive AIDS Resources Emergency Act. It is scheduled, as my colleagues have said, to end this week.

This law, Mr. Speaker, provides care and assistance to over 500,000 persons in this country infected by HIV. A piece of legislation this important should not expire. It should be expanded, because it affects tremendously the African American community. I would be hard pressed to find an issue that is more troubling to the African American community than HIV and AIDS. As African Americans, we make up only 13 percent of the United States population; however, about 50 percent of the estimated AIDS cases in this country are African Americans. This number is an outrage.

HIV is killing our young people. African American women are especially at risk. In 2001, HIV was the third leading cause of death among African Americans between the ages of 25 and 34. Among women of this same age group, HIV was the number one cause of death. This is why annually I have a minority AIDS walk for women and children, especially minority women, because of the devastation this has caused. It is ravaging communities of color.

In 2003, African Americans accounted for two-thirds of new AIDS cases among all women nationwide. Moreover, African American teenagers make up only 15 percent of the U.S. teenagers. Why is it then that they account for 65 percent of the total new AIDS cases reported among teenagers in 2002?

Mr. Speaker, we must have this piece of legislation expanded. We must have this piece of legislation so that we can eradicate this dreadful disease that is ravaging our communities. We cannot sit idly by and watch this disease tear apart our communities and affect a generation of our children. That is why I stand here today with my CBC colleagues to impress upon my colleagues the absolute necessity for the reauthorization of the Ryan White CARE Act.

This act is essential in making sure that HIV/AIDS no longer ravages our community. The numbers illustrate the horrible trend. We are an underserved and vulnerable population, and I refuse to allow that to continue.

Title IV of the CARE Act is particularly essential. Title IV serves women, children, youth, and families who are all affected by AIDS. Each year, over 50,000 women and children benefit from

title IV services. Title IV services include, among other things, medical care, child care, and transportation. Without these services, Mr. Speaker, women and children participants would not receive the care they need to fight this dreadful disease. People of color make up 88 percent of the beneficiaries of title IV services. Thirty percent of all title IV consumers are children under the age of 13.

In 2002, almost half of all Ryan White CARE Act clients were African Americans. The Ryan White CARE Act funds the National Minority AIDS Education and Training Center. We need this. We need it desperately. Programs like this ensure that African American victims of this disease get the quality care they need and deserve to survive and that our communities get the clinical expertise to be able to provide that care.

We also need more education programs and testing sites. We need to make sure that the care is available to everyone in need. We need more attention paid to this epidemic. It is not just international, it is national, and it is widespread among the African American community. We need the reauthorization of the Ryan White Comprehensive AIDS Resources Emergency Act.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

(Ms. WATSON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 3864. An act to assist individuals with disabilities affected by Hurricane Katrina or Rita through vocational rehabilitation services.

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THE NATION IS AT RISK

The SPEAKER pro tempore (Mr. INGLES of South Carolina). Under the Speaker's announced policy of January 4, 2005, the gentleman from New York (Mr. OWENS) is recognized for 60 minutes as the designee of the minority leader.

Mr. OWENS. Mr. Speaker, I would like to talk about a number of pressing